



STATE OF NEW JERSEY

**IRP REGISTRATION CERTIFICATION****This form must be completed prior to IRP Registration or Renewal**

1. Does the New Jersey address have a physical structure owned, leased or rented by the fleet registrant?

YES

NO

Proof of this address must be submitted before your application will be processed.

2. Is this location open during normal business hours? (Monday - Friday 8 a.m. to 5 p.m.)

YES

NO

3. Does the location have a telephone or telephones publicly listed in the name of the fleet registrant, supported by a New Jersey telephone company's billing records?

YES

NO

4. Is there a person or persons conducting the fleet registrant's business in the location during normal business hours?

☐ YES☐ NO

5. Are the operational records of the fleet located at this location?

☐ YES☐ NO

6. If not, can the operational records be made available at the New Jersey location in the event of an audit?

☐ YES☐ NO

If no, the registrant must pay all costs of travel and per diem expenses in accordance with the IRP Agreement, Section 1602.

I/we, the undersigned, do hereby certify, under penalty of perjury, that the statements made herein are true and correct to the best of my/our knowledge, information and belief. I/we understand that in the event the established place of business is proven to be outside the State of New Jersey, the registrant will be suspended and the registration and document fees will not be refunded.

Name of Company

Print Name of Registrant

Signature of Registrant

Date

IRP Account Number  
MVC Use Only

REGISTRANT INFORMATION				STATE OF NEW JERSEY MOTOR VEHICLE COMMISSION MOTOR CARRIER SERVICES, IRP SECTION 225 EAST STATE STREET, P.O. BOX 178 TRENTON, NJ 08666-0178 (609) 633-9399 FAX (609) 633-9394 ORIGINAL/SUPPLEMENTAL APPLICATION SCHEDULE A/C			COLUMN 5	COLUMN 8	PAGE OF
ACCOUNT NUMBER	FLEET NUMBER	SUPP. NUMBER	REGISTRATION EXP (MONTH / YEAR)	PLEASE CHECK ONE: <input type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> SUPPLEMENT			TYPE  TK – TRUCK (SINGLE) TT – TRUCK TRACTOR BS – BUS CV – CONSTRUCTOR VEHICLE (CODE 41) SW – SOLID WASTE VEHICLE (CODE 39) LD - LIGHT DUTY TOW TRUCK(CODE 32) HD - HEAVY DUTY TOW TRUCK(CODE 33) AG - COMMERCIAL AGGREGATE (CODE 16)	FUEL  D – DIESEL G – GASOLINE P – PROPANE N – NATURAL GAS	COLUMN 9
NAME OF REGISTRANT									VEHICLE: ADDITION DELETION TRANSFER CHANGE WEIGHTS REPLACEMENT PLATES DUPLICATE CAB CARDS CORRECTION ADDRESS CHANGE TOW TRUCK STICKERS
BUSINESS ADDRESS (DO NOT USE P.O. BOX)									
CITY		STATE	ZIP CODE	1. PLEASE READ INSTRUCTIONS ON BACK OF FORM BEFORE COMPLETING APPLICATION 2. PLEASE PRINT CLEARLY IN INK, OR TYPE.					
MAILING ADDRESS				PERSON TO CONTACT REGARDING APPLICATION					
CITY		STATE	ZIP CODE	CITY	STATE	PHONE NUMBER (        )			

**UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND AT THE WEIGHTS SHOWN BELOW. WEIGHTS WILL BE PRINTED ON THE CAB CARD FOR ALL UNITS.**

WEIGHT INFORMATION																	
AL (ALABAMA)		DE (DELAWARE)		KY (KENTUCKY)		MS (MISSISSIPPI)		NV (NEVADA)		SD (SOUTH DAKOTA)		WV (WEST VIRGINIA)		NS (NOVA SCOTIA)			
AK (ALASKA)		FL (FLORIDA)		LA (LOUISIANA)		MT (MONTANA)		NY (NEW YORK)		TN (TENNESSEE)		WY (WYOMING)		NT (NORTHWEST TERR.)			
AR (ARKANSAS)		GA (GEORGIA)		MA (MASSACHUSETTS)		NC (NORTH CAROLINA)		OH (OHIO)		TX (TEXAS)		AB (ALBERTA)		ON (ONTARIO)			
AZ (ARIZONA)		IA (IOWA)		MD (MARYLAND)		ND (NORTH DAKOTA)		OK (OKLAHOMA)		UT (UTAH)		BC (BRITISH COLUMBIA)		PE (PRINCE EDWAR ISL..)			
CA (CALIFORNIA)		ID (IDAHO)		ME (MAINE)		NE (NEBRASKA)		OR (OREGON)		VA (VIRGINIA)		MB (MANITOBA)		QC (QUEBEC)			
CO (COLORADO)		IL (ILLINOIS)		MI (MICHIGAN)		NH (NEW HAMPSHIRE)		PA (PENNSYLVANIA)		VT (VERMONT)		MX (MEXICO)		SK (SASKATCHEWAN)			
CT (CONNECTICUT)		IN (INDIANA)		MN (MINNESOTA)		NJ (NEW JERSEY)		R I (RHODE ISLAND)		WA (WASHINGTON)		NB (NEW BRUNSWICK)		YT (YUKON)			
DC (DIST OF COLUMBIA)		KS (KANSAS)		MO (MISSOURI)		NM (NEW MEXICO)		SC (SOUTH CAROLINA)		WI (WISCONSIN)		NL (NEWFOUNDLAND)					
VEHICLE INFORMATION																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
OWNER EQUIPMENT (UNIT) NUMBER	Y E A R	MAKE OF VEHICLE	VEHICLE IDENTIFICATION NUMBER (AS SHOWN ON TITLE)	T Y P E	AXLES OR SEATS	UNLADEN WEIGHT	F U E L	GROSS WEIGHT	PURCHASE PRICE OF VEHICLE	FACTORY PRICE	DATE OF PURCHASE MO/DA/YR	DATE OF LEASE MO/DA/YR	NAME OF OWNER AS SHOWN ON TITLE	HORSE POWER (BUSES ONLY)	CURRENT NJ LICENSE PLATE NUMBER	CURRENT EXPIRATION MONTH & YR	<u>MVS USE ONLY</u>  IRP LICENSE PLATE NUMBER
DELETED VEHICLE INFORMATION													19 INSURANCE INFORMATION				
1	2	3	4	5		6	7	8		NAME OF INSURANCE COMPANY AS SHOWN ON POLICY							
OWNER EQUIPMENT (UNIT) NUMBER	Y E A R	MAKE OF VEHICLE	CURRENT IRP PLATE #	VEHICLE IDENTIFICATION NUMBER (AS SHOWN ON TITLE)		GROSS WEIGHT	REPLACEMENT EQUIPMENT (UNIT) NUMBER	REASON REMOVED		POLICY OR BINDER NUMBER							
										Certification: By signing this application I certify knowledge of the Federal and State motor carrier safety laws and further certify this fleet is maintained in compliance with the New Jersey Inspection / Maintenance Program.				Insurance: I certify under penalty of law that the vehicle(s) noted on the face hereof is covered by at least the minimum amounts of insurance required by New Jersey insurance laws, and further certify that this vehicle will be continuously insured throughout it's registration period. This certification may be used for insurance verification purposes.			
										20 US DOT #							
										21 FEDERAL ID # OR SS #							
										SIGNATURE (APPLICANT OR AUTHORIZED REPRESENTATIVE) DATE							

INSTRUCTIONS FOR COMPLETING ORIGINAL/SUPPLEMENTAL APPLICATION (SCHEDULE A/C)

REGISTRANT/FLEET INFORMATION

- ACCOUNT NUMBER

-

Enter the IRP account number assigned the New Jersey Motor Vehicle Commission. If this is your initial IRP application leave this block blank, as this number will be assigned when your original application is filed with MVC.
- FLEET NUMBER

-

If more than one fleet is registered under the same company name, indicate which fleet number (001, 002, etc.) that this application refers to.
- SUPPLEMENT NUMBER

-

Start with 001 on the first supplement. Number each additional supplement consecutively. Be sure to mark the type of supplemental application you are submitting by completing Column 9, "Supplemental Type."
- REGISTRATION YEAR

-

Provide month and year of expiration.
- PAGE #

-

Number the pages consecutively.
- NAME OF REGISTRANT

-

Name of person, firm or corporation requesting apportioned registration.
- BUSINESS ADDRESS

-

(Street, city, state, zip code)-where applicant has an established place of business and a telephone, and will maintain and/or make records available for audit. Cannot be a post office box.
- MAILING ADDRESS

-

(Street, city, state, zip code)-apportioned registration license plates will be sent to this address. All correspondence will be sent to this address.
- PERSON TO CONTACT

-

Name of person to be contacted to resolve problems with application. Include phone number.

WEIGHT INFORMATION

List weight to be carried in each jurisdiction where fleet will be apportioned. Limit vehicles on each page to power units or Trailers, and use a separate page if weights in all jurisdictions do not follow the same pattern for each vehicle.

VEHICLE INFORMATION

1.

EQUIPMENT NUMBER-

Arbitrary number assigned by applicant to each unit. Number should be unique for each vehicle.
- 2., 3.

YEAR AND MAKE-

Manufacturer's model year and make.
4.

VEHICLE IDENTIFICATION NUMBER-

Complete VIN as shown on vehicle and listed on the manufacturer's Certificate of Origin or Title.

VEHICLE INFORMATION (CONT.)

5.

VEHICLE TYPE-

See vehicle type abbreviations on front of Schedule at top right.
6.

AXLE-SEATS-

Enter the number of axles for each truck/tractor or number of seats for each bus.
7.

UNLADEN WEIGHT-

Weight of the vehicle without a load. Enter for trailers also.
8.

FUEL-

Diesel, Gasoline, Propane or Natural Gas: See front of Schedule for fuel abbreviations at top right.
9.

GROSS WEIGHT-

The unladen (empty) weight of a vehicle plus the weight of the load carried on that vehicle. For a tractor this would be the weight of the tractor plus that part of the weight of a fully loaded semi-trailer resting on the tractor. For the semi-trailer, enter the unladen (empty) weight of the semi-trailer plus the weight of the heaviest load to be carried on the rear axle or axles.
10.

PURCHASE PRICE OF VEHICLE-

The actual purchase price of the vehicle (i.e., price paid for the vehicle by the current owner).
11.

FACTORY PRICE-

Manufacturer's list price of the vehicle when new, including accessories and modifications.
12.

DATE OF PURCHASE-

Month, day and year of purchase.
13.

DATE OF LEASE-

Month, day and year of lease.
14.

NAME OF OWNER-

Name of owner for each vehicle if registrant other than owner. Signed affidavit from owner must be on file with the Division.
15.

HORSEPOWER (Buses Only)-

Rated capacity of the engine
16.

CURRENT NEW JERSEY LICENSE PLATE NUMBER-

If vehicle currently registered in New Jersey, list license plate number. Note: If vehicle is not new and has never been titled in New Jersey, you must title the vehicle prior to registration.
17.

CURRENT EXPIRATION MONTH AND YEAR-

Provide current registration expiration date for each vehicle.
18.

MVS USE ONLY
19.

INSURANCE INFORMATION-

Show name of vehicle liability insurance company as it appears on policy. Also indicate insurance policy or binder number.
20.

US DOT #-

Please provide US DOT # for you or your company.
21.

PLEASE SIGN THE APPLICATION AND PROVIDE YOUR FEDERAL ID # OR SS #

DELETED VEHICLE INFORMATION

1. -3.

Follow same instructions shown for steps 1-3 of Vehicle Information
4.

CURRENT IRP PLATE # -

Provide the license plate number of the vehicle you are deleting.
5.

VEHICLE IDENTIFICATION NUMBER -

Follow same instructions for step 4 of Vehicle Information.
6.

GROSS WEIGHT -

Follow the same instructions shown for step 9 of Vehicle Information.
7.

REPLACEMENT EQUIPMENT # -

Unit number of the vehicle being added in place of the deleted unit.
8.

REASON REMOVED -

Enter the reason the vehicle is being deleted (ex. sold, wrecked, junked, fleet transfer, etc.)

ACCOUNT NUMBER	FLEET NUMBER	SUPP. NUMBER	REGISTRATION EXPIRATION (MONTH/YEAR)	<div>STATE OF NEW JERSEY MOTOR VEHICLE COMMISSION MOTOR CARRIER SERVICES, IRP SECTION 225 EAST STATE STREET, P.O. BOX 178 TRENTON, NJ 08666-0178 (609) 633-9399 FAX (609) 633-9394 MILEAGE SCHEDULE B INSTRUCTIONS</div> <div>1. Please read instructions on back of form before completing. 2. Please print clearly in ink or type.</div>			TYPE OF OPERATION		
NJ	NAME OF REGISTRANT						Kind of Operation: <input type="checkbox"/> Private Carrier <input type="checkbox"/> Rental <input type="checkbox"/> Haul for Hire		
							<input type="checkbox"/> Bus <input type="checkbox"/> Exempt Commodity <input type="checkbox"/> Household Goods Mover		
							TYPE OF COMMODITY		
							<input type="checkbox"/> All <input type="checkbox"/> Logs <input type="checkbox"/> Gravel <input type="checkbox"/> Other _____		
BUSINESS ADDRESS (Do not use P.O. Box)			PERSON TO CONTACT REGARDING APPLICATION			SUPPLEMENT TYPE			
CITY	STATE	ZIP CODE				<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Add Jurisdiction			
MAILING ADDRESS			CITY	STATE	PHONE NUMBER (     )				

DO NOT SHOW ACTUAL AND ESTIMATED MILES FOR THE SAME STATE (SEE INSTRUCTIONS FOR REPORTING MILEAGE).  
LIST MILEAGE IN EACH STATE WHERE THIS FLEET TRAVELED FOR THE PERIOD OF JULY 1 THROUGH JUNE 30 OF THE YEAR PRECEDING THE LICENSE YEAR FOR WHICH YOU ARE APPLYING.  
MARK "X" IN SPACE FOR EACH IRP JURISDICTION WHERE YOU ARE FILING FOR PROPORTIONAL REGISTRATION.

(X)	STATE	ESTIMATED MILEAGE	ACTUAL	(X)	STATE	ESTIMATED MILEAGE	ACTUAL MILEAGE	(X)	STATE	ESIMATED MILEAGE	ACTUAL MILEAGE	MVC USE ONLY		
	AL (ALABAMA)				MI (MICHIGAN)				TX (TEXAS)				INSURANCE INFORMATION	
	AK (ALASKA)				MN (MINNESOTA)				UT (UTAH)					NAME OF COMPANY AS SHOWN ON POLICY
	AZ (ARIZONA)				MS (MISSISSIPPI)				VT (VERMONT)					
	AR (ARKANSAS)				MO (MISSOURI)				VA (VIRGINIA)					INSURANCE: I certify under penalty of law that the vehicle(s) in this fleet is covered by at least the minimum amounts of insurance required by New Jersey insurance laws, and further certify that this vehicle will be continuously insured throughout it's registration period. This certification may be used for insurance verification purposes.
	CA (CALIFORNIA)				MT (MONTANA)				WA (WASHINGTON)					
	CO (COLORADO)				NE (NEBRASKA)				WV (WEST VIRGINIA)					Federal ID # OR SS#
	CT (CONNECTICUT)				NV (NEVADA)				WI (WISCONSIN)					
	DE (DELAWARE)				NH (NEW HAMPSHIRE)				WY (WYOMING)					CERTIFICATION: By signing this application I certify knowledge of the Federal and State motor carrier safety laws and further certify this fleet is maintained in compliance with the New Jersey Inspection/Maintenance Program.
	DC (DISTRICT OF COLUMBIA)			X	NJ (NEW JERSEY)				AB (ALBERTA)					
	FL (FLORIDA)				NM (NEW MEXICO)				BC (BRITISH COLUMBIA)					
	GA (GEORGIA)				NY (NEW YORK)				MB (MANITOBA)					
	ID (IDAHO)				NC (NORTH CAROLINA)				NB (NEW BRUNSWICK)					
	IL (ILLINOIS)				ND (NORTH DAKOTA)				NL (NEWFOUNDLAND)					
	IN (INDIANA)				OH (OHIO)				NS (NOVA SCOTIA)					
	IA (IOWA)				OK (OKLAHOMA)				NT (NORTHWEST TERR.)					
	KS (KANSAS)				OR (OREGON)				ON (ONTARIO)					
	KY (KENTUCKY)				PA (PENNSYLVANIA)				PE (PRINCE EDWARD IS.)					
	LA (LOUISIANA)				RI (RHODE ISLAND)				QC (QUEBEC)					
	ME (MAINE)				SC (SOUTH CAROLINA)				SK (SASKATCHEWAN)					
	MD (MARYLAND)				SD (SOUTH DAKOTA)				YT (YUKON)					
	MA (MASSACHUSETTS)				TN (TENNESSEE)				MX (MEXICO)					
NOTE: Explain the scope of your operation for any Estimated Mileage shown above; (Note: You must use at least the minimum amount listed on the estimated mileage chart for each state for which you estimate mileage.)									GRAND TOTAL MILEAGE	ESTIMATED	ACTUAL	X SIGNATURE (Applicant or authorized representative)     DATE		
									TOTAL VEHICLES REPRESENTED BY ABOVE FLEET					

INSTRUCTIONS FOR COMPLETING MILEAGE (SCHEDULE B)

- Account Number** - Enter the IRP account number assigned by the New Jersey Motor Vehicle Commission. If this is your initial IRP application leave this block blank as this number will be assigned when your original application Schedule A/C is filed with MVC.
- Fleet Number** - If more than one fleet is registered under the same company name, indicate which fleet number (001, 002, etc.) that this application refers to.
- Supplement Number** - Start with 001 on first supplement. Number each additional supplement consecutively. Be sure to mark the type of supplemental application you are submitting.
- Registration Year** - Provide month and year of expiration.
- Name of Registrant** - Name of the person, firm or corporation requesting apportioned registration.
- Business Address** - (Street, city, state, zip code)- where applicant has an established place of business and a telephone, and will maintain and/or make records available for audit. **Cannot be a post office box.**
- Mailing Address** - (Street, city, state, zip code)- apportioned registration license plates and correspondence will be sent to this address.
- Person to Contact** - Name of person to be contacted to resolve problems with application. Include phone number.
- Type of Operation** - This portion of the form must be completed. Enter all applicable data.
- Type of Commodity** - Provide type of commodity.
- Supplemental Type** - Place an "x" to indicate the type of supplemental application you are submitting.
- IRP Jurisdictions** - Place an "x" mark beside each IRP jurisdiction with which you wish to apportion registration.
- Reporting Mileage** - Actual or estimated mileage in every jurisdiction you will be traveling through. (Refer to Carrier Guide).
- Insurance Information** - Provide the insurance information, as required, for your vehicles.
- US DOT #** - Must provide US DOT # for you or your company.
- Federal ID # or SS #** - Provide your Federal Identification Number or your Social Security Number.
- Signature** - Signature of person authorized to apply for registration.

**FEDERAL HEAVY VEHICLE USE TAX-** If you are required by Section 4481 of the Internal Revenue Code to pay a Heavy Vehicle Use Tax, (Vehicles registered at 55,000 lbs. and greater) registration must be accompanied by proof of payment as prescribed by the Secretary of the Treasury. Acceptable proofs of payment are:

- a. Receipted IRS Form 2290, Schedule 1.
- b. Photocopy of the receipted IRS Form 2290, Schedule 1.
- c. Photocopy of non-receipted IRS Form 2290 with schedule 1 attached along with a copy of both sides of the cancelled check showing payment of the tax.
- d. Photocopy of non-receipted IRS Form 2290 with the Schedule 1 attached along with a copy of original of the IRS Statement Form 4428 or 8488 that shows an installment has been made.

### NEW JERSEY FIRST-TIME APPLICANT ESTIMATED MILEAGE CHART

All first-time applicants must use this mileage chart. Carriers who are renewing and **have not** accrued 30 days of actual mileage in **ANY JURISDICTION** for the previous registration year must also use this chart.

<u>Juri sdi cti on</u>	<u>Mi l eage</u>	<u>Juri sdi cti on</u>	<u>Mi l eage</u>	<u>Juri sdi cti on</u>	<u>Mi l eage</u>
NJ – New Jersey	35, 736	MA – Massachusetts	1, 951	OH – Ohio	2, 772
AB – Alberta	43	MB – Manitoba	36	OK – Oklahoma	506
AL – Alabama	964	MD – Maryland	2, 253	ON – Ontario	273
AR – Arkansas	543	ME – Maine	850	OR – Oregon	237
AZ – Arizona	486	MI – Michigan	879	PA – Pennsylvania	6, 833
BC – British Columbia	32	MN – Minnesota	234	PE – Prince Edward Is	20
CA – California	1, 205	MO – Missouri	658	QC – Quebec	80
CO – Colorado	164	MS – Mississippi	546	RI – Rhode Island	445
CT – Connecticut	2, 718	MT – Montana	57	SC – South Carolina	1, 312
DC – Dist of Columbia	45	NB – New Brunswick	146	SD – South Dakota	38
DE – Delaware	919	NC – North Carolina	1, 924	SK – Saskatchewan	95
FL – Florida	1, 455	ND – North Dakota	54	TN – Tennessee	1, 515
GA – Georgia	1, 519	NE – Nebraska	217	TX – Texas	2, 037
IA – Iowa	363	NL – Newfoundland /		UT – Utah	130
ID – Idaho	57	Labrador	21	VA – Virginia	2, 815
IL – Illinois	1, 772	NH – New Hampshire	314	VT – Vermont	169
IN – Indiana	1, 927	NM – New Mexico	488	WA – Washington	204
KS – Kansas	288	NS – Nova Scotia	24	WI – Wisconsin	660
KY – Kentucky	721	NV – Nevada	145	WV – West Virginia	437
LA – Louisiana	631	NY – New York	5, 915	WY – Wyoming	154

Mileage figures are based on actual miles traveled by New Jersey carriers in 2004.

The mileage figures stated on the above chart will change every 5 years.

### NEW JERSEY ADDED JURISDICTIONS ESTIMATED MILEAGE CHART

This estimated mileage chart must be used when adding a jurisdiction(s) to a fleet during the registration year or when registration is desired in a jurisdiction(s) on the renewal form but **NO ACTUAL** mileage has been accrued. **You must provide a detailed explanation of how you arrived at the estimates you are providing ANYTIME you estimate mileage.**

<u>Juri sdi cti on</u>	<u>North/ South Mi les</u>	<u>East/ West Mi les</u>	<u>Juri sdi cti on</u>	<u>North/ South Mi les</u>	<u>East/ West Mi les</u>
NJ – New Jersey	165	60	NC – North Carolina	190	505
AB – Alberta	760	400	ND – North Dakota	210	360
AK – Alaska	1, 100	2, 000	NE – Nebraska	205	420
AL – Alabama	335	205	NL – Newfoundland/Labrador	325	650
AR – Arkansas	220	220	NH – New Hampshire	180	93
AZ – Arizona	395	345	NM – New Mexico	390	350
BC – British Columbia	780	650	NS – Nova Scotia	375	100
CA – California	770	370	NT – Northwest Ter	1, 680	1, 800
CO – Colorado	275	385	NV – Nevada	485	320
CT – Connecticut	75	90	NY – New York	310	320
DC – Dist of Columbia	8	8	OH – Ohio	251	225
DE – Delaware	96	36	OK – Oklahoma	230	466
FL – Florida	450	360	ON – Ontario	1, 050	1, 000
GA – Georgia	320	255	OR – Oregon	295	376
IA – Iowa	210	320	PA – Pennsylvania	170	308
ID – Idaho	480	310	PE – Prince Edward Is	120	40
IL – Illinois	380	210	QC – Quebec	1, 200	1, 000
IN – Indiana	275	150	RI – Rhode Island	47	40
KS – Kansas	205	410	SC – South Carolina	210	275
KY – Kentucky	175	425	SD – South Dakota	245	379
LA – Louisiana	267	286	SK – Saskatchewan	758	391
MA – Massachusetts	110	190	TN – Tennessee	115	435
MB – Manitoba	750	490	TX – Texas	800	775
MD – Maryland	125	200	UT – Utah	345	275
ME – Maine	315	205	VA – Virginia	200	440
MI – Michigan	285	195	VT – Vermont	160	85
MN – Minnesota	410	350	WA – Washington	235	345
MO – Missouri	285	305	WI – Wisconsin	320	295
MS – Mississippi	330	180	WV – West Virginia	235	265
MT – Montana	320	550	WY – Wyoming	275	365
NB – New Brunswick	230	190	YT – Yukon Territory	650	580